

AUTHORIZATION TO DRAW AGAINST PROGRAM FUNDCOMPANY # : 3331PROGRAM NAME: BIA-Water ResourceDIVISION #: 99
(MUST APPEAR ON ALL PURCHASE ORDERS AND DISBURSEMENTS)DATE: 7/16/2013PROGRAM: Water ResourcePROGRAM MANAGER: Supervisor: Dee Allen

I am authorizing the designated person below to sign Purchase Orders and/or Request for Disbursements for my Program. I know as Program Manager that I am responsible for all purchases and staying within my budget.

AUTHORIZED NAME FOR PURCHASE ORDERS:

Kristen Hanson

AUTHORIZED NAME FOR REQUEST FOR DISBURSEMENTS:

Kristen HansonDee Allen 7/16/13
PROGRAM MANAGER/SUPERVISOR

smt 5/20/93

Lac du Flambeau Band
of Lake Superior Chippewa Indians

P.O. Box 67 • Lac du Flambeau, Wisconsin 54538 • (715) 588-3303 • FAX# - (715) 588-7930